

FRANKLIN COUNTY SCHOOL DISTRICT

FIXED ASSET ADDITIONS

Bar Code _____

Location _____ Building _____ Employee Name _____

Expense Fund # _____

Purchase Order # _____

Description _____

Vendor Name _____

Date Purchased _____

Claim # _____

Purchase Amount _____

Check # _____

Manufacturer _____

Model # _____

Serial # _____

Signature of Employee Receiving Item

Date

Signature of Administrator

Date

Fixed Asset Manager

Date

PLEASE COMPLETE HIGHLIGHTED AREAS, AFFIX TAG TO EQUIPMENT AND RETURN TO CENTRAL OFFICE AS SOON AS POSSIBLE.

Revised 6-2-08